



# HEALTH

**Building Permit Application**  
 Howard County Maryland  
 Department of Inspections, Licenses and Permits  
 3430 Court House Drive  
 Permits: 410-313-2455  
 www.howardcountymd.gov

Date Received: \_\_\_\_\_  
 Permit No.: **B1900198**

Building Address: 16700 OLD FREDERICK ROAD  
 City: Mt. AIRY State: MD Zip Code: 21771  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Tax Map: 0007 Parcel: 0172

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Existing Use: E, EDUCATION  
 Proposed Use: E, EDUCATION  
 Estimated Construction Cost: \$ 25,000

Description of Work: CLASSROOM EXPANSION. COMBINE TWO CLASSROOMS INTO ONE LARGE LABORATORY CLASSROOM DEMO EXIST. NON-STRUCTURAL WALLS. NEW CEILINGS, FLOORING (AS NEEDED) PAINT, MECHANICAL. ELECTRICAL AND PLUMBING.

Occupant/Tenant Name: MT. AIRY CHRISTIAN ACADEMY  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: JARED BRITTON  
 Address: 5560 STERRETT PLACE, SUITE 300  
 City: COLUMBIA State: MD Zip Code: 21044  
 Phone: 410-995-0015 Fax: \_\_\_\_\_  
 Email: JBRITTON@BRASHERDESIGN.COM

Property Owner's Name: MT AIRY BIBLE CHURCH B  
 Address: 16700 OLD FREDERICK ROAD  
 City: MOUNT AIRY State: MD Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated here)  
 Applicant's Name: KAREN KAPLAND  
 Address: 5560 STERRETT PLACE, SUITE 300  
 City: COLUMBIA State: MD Zip Code: \_\_\_\_\_  
 Phone: 410-995-0015 Fax: \_\_\_\_\_  
 Email: ACCOUNTING@BRASHERDESIGN.COM

Contractor Company: T.B.D.  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No. : \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: BRASHER DESIGN  
 Responsible Design Prof.: RON BRASHER  
 Address: 5560 STERRETT PLACE, SUITE 300  
 City: COLUMBIA State: MD Zip Code: 21044  
 Phone: 410-995-0015 Fax: \_\_\_\_\_  
 Email: BGLASS@BRASHERDESIGN.COM

Commercial Building Characteristics	Residential Building Characteristics	
Height: <u>75'-0" MAX.</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>EXISTING</u>	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
<u>EXISTING NO CHANGE</u>	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.): <u>752</u>	Basement:	
Use group: <u>E-EDUCATION</u>	<input type="checkbox"/> Finished Basement	
<b>Construction type:</b>	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade	
<input checked="" type="checkbox"/> Masonry	No. of Bedrooms:	
<input checked="" type="checkbox"/> Wood Frame	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> State Certified Modular	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
	<input checked="" type="checkbox"/> Public
	<input type="checkbox"/> Private
Sewage Disposal	
	<input checked="" type="checkbox"/> Public
	<input type="checkbox"/> Private
Heating System	
	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
	<input type="checkbox"/> Other:
Sprinkler System:	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (4) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Karen E. Kapland  
 Applicant's Signature  
accounting@brasherdesign.com  
 Email Address  
Brasher Design  
 Title/Company

Karen E. Kapland  
 Print Name  
06/18/2019  
 Date  
**RECEIVED**  
**JUN 18 2019**

LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health		<u>J.B. Britton</u>

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

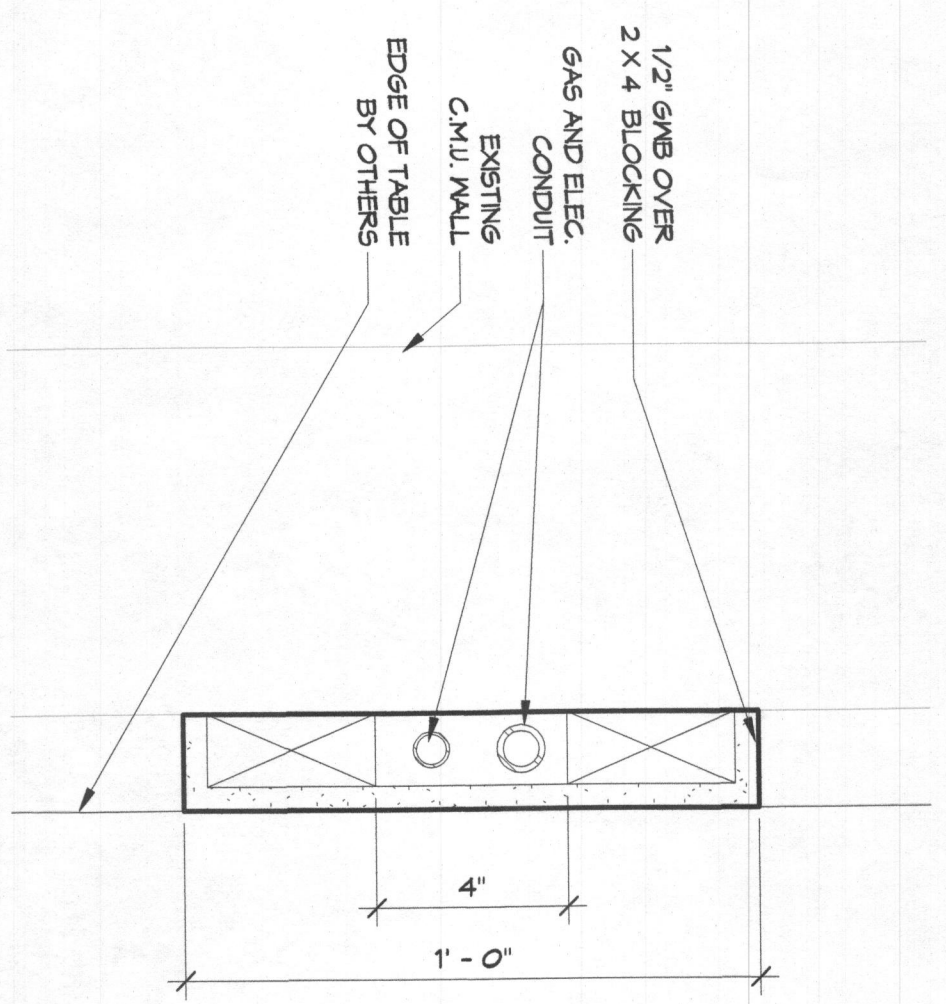
Filing Fee	\$ <u>200</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>1113</u>



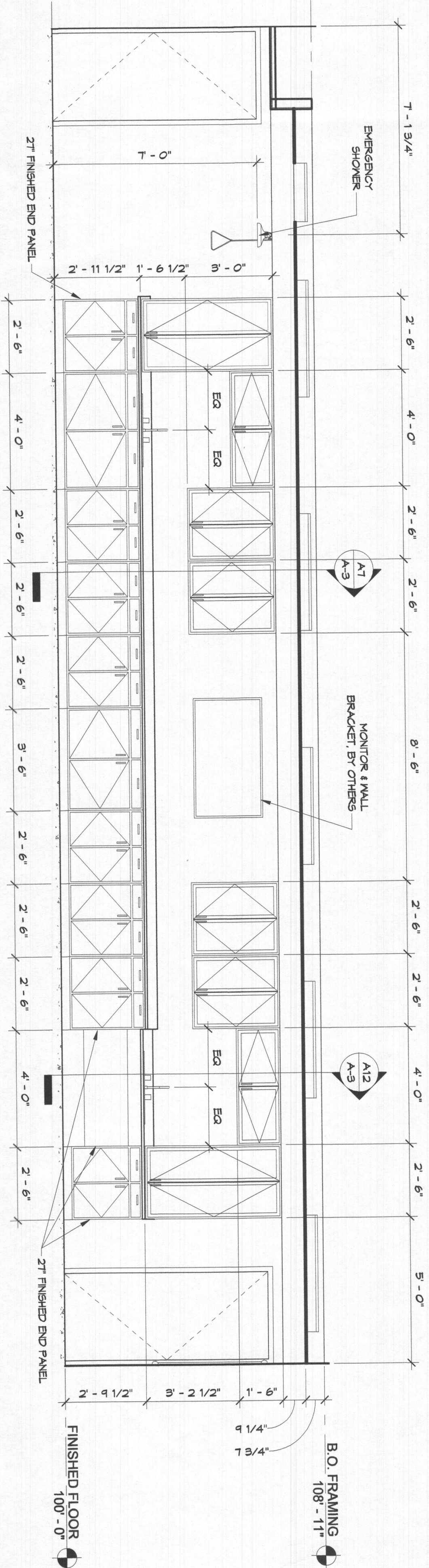




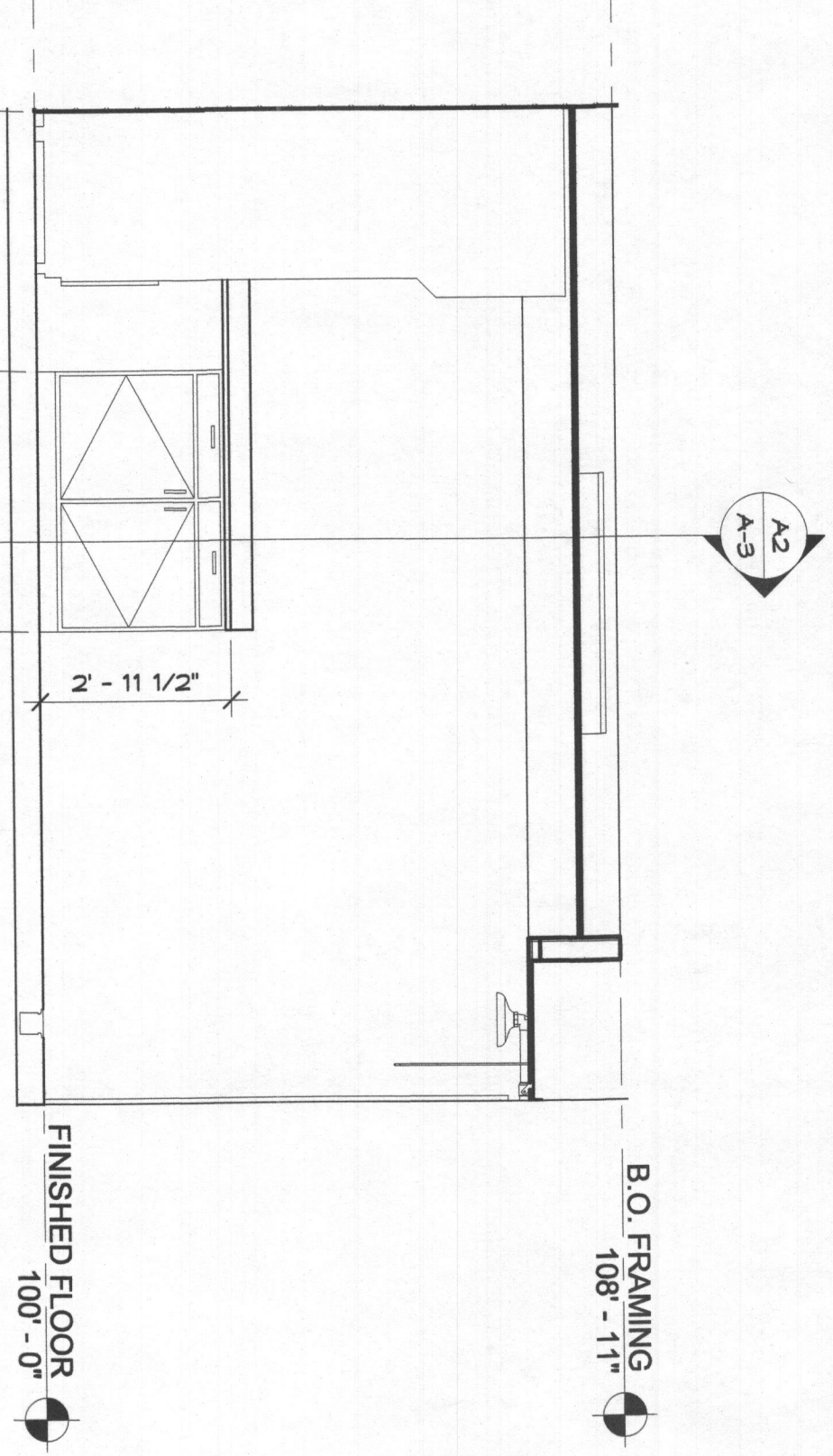




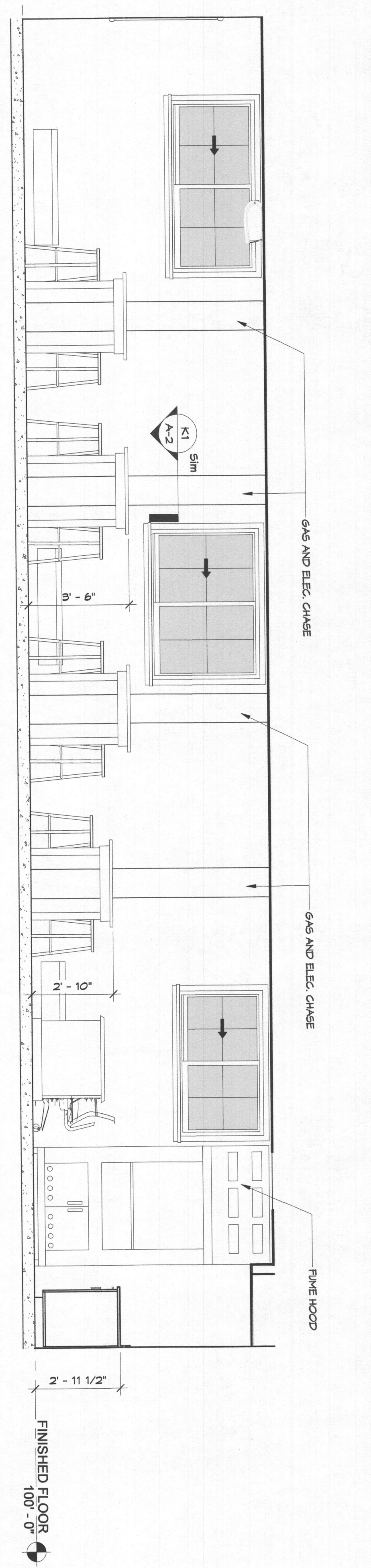
**K1** GAS & ELEC. DETAIL  
SCALE: 3/8" = 1'-0"



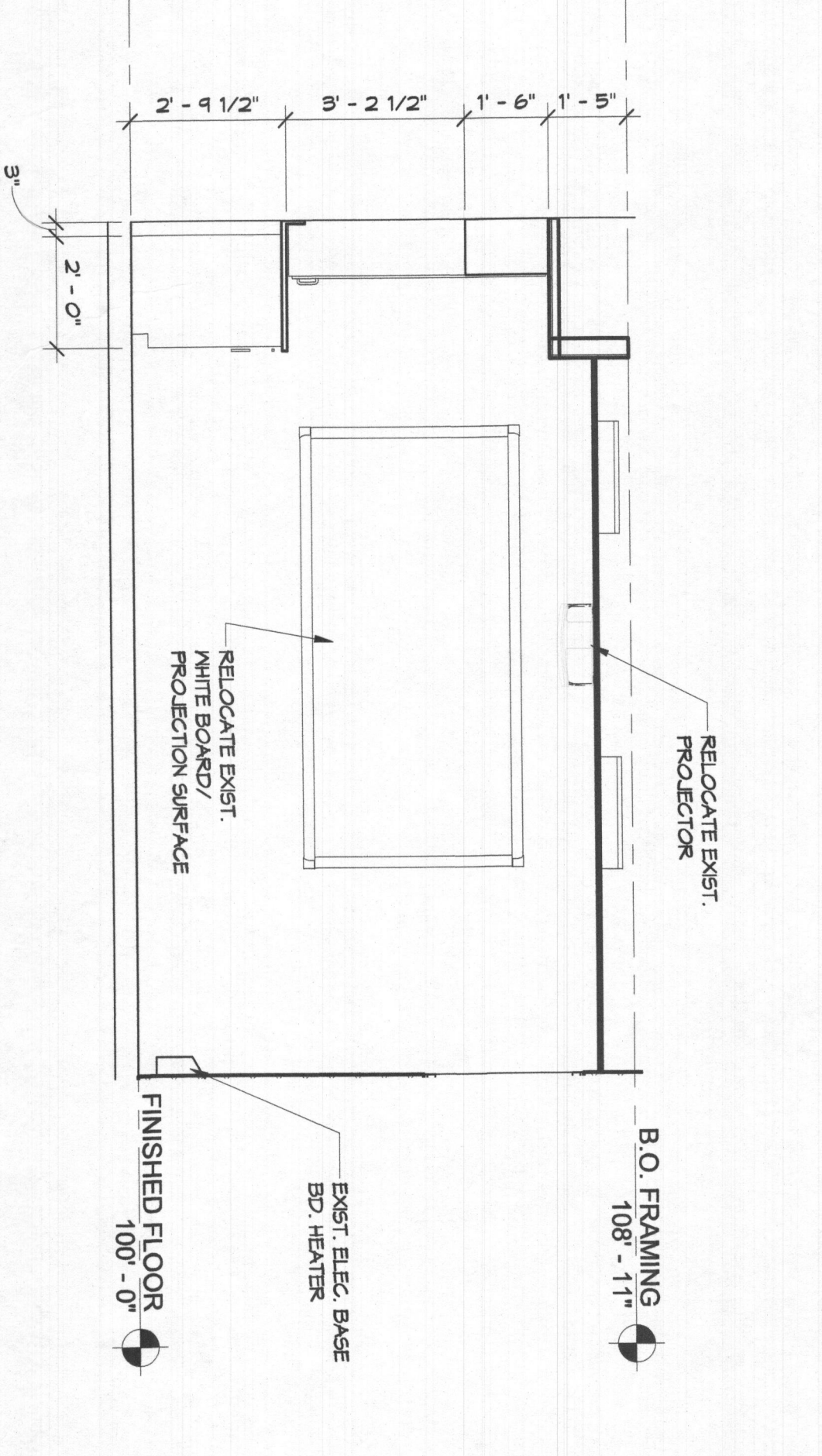
**F1** EAST INT. ELEVATION  
SCALE: 3/8" = 1'-0"



**A1** NORTH INT. ELEVATION  
SCALE: 3/8" = 1'-0"



**A6** WEST INT. ELEVATION  
SCALE: 3/8" = 1'-0"

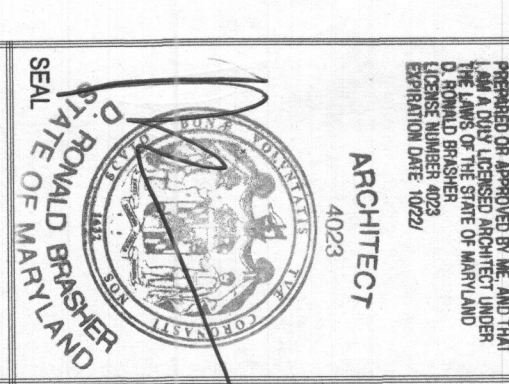


**F11** SOUTH INT. ELEVATION  
SCALE: 3/8" = 1'-0"

REVISIONS		
Rev. No.	Date	Description

**BRASHER DESIGN**  
ARCHITECTURE DESIGN PLANNING INTERIORS  
6580 STERRETT PLACE, SUITE 300 COLUMBIA, MARYLAND 21044  
410.965.0015 MD 301.621.6020 DC 410.965.0350 Fax  
email: brasher.intelligent.design@gmail.com

PROJECT NAME  
**M.A.C.A. LABORATORY CLASSROOM**  
Mt. Airy, MD.  
MT. AIRY CHRISTIAN ACADEMY



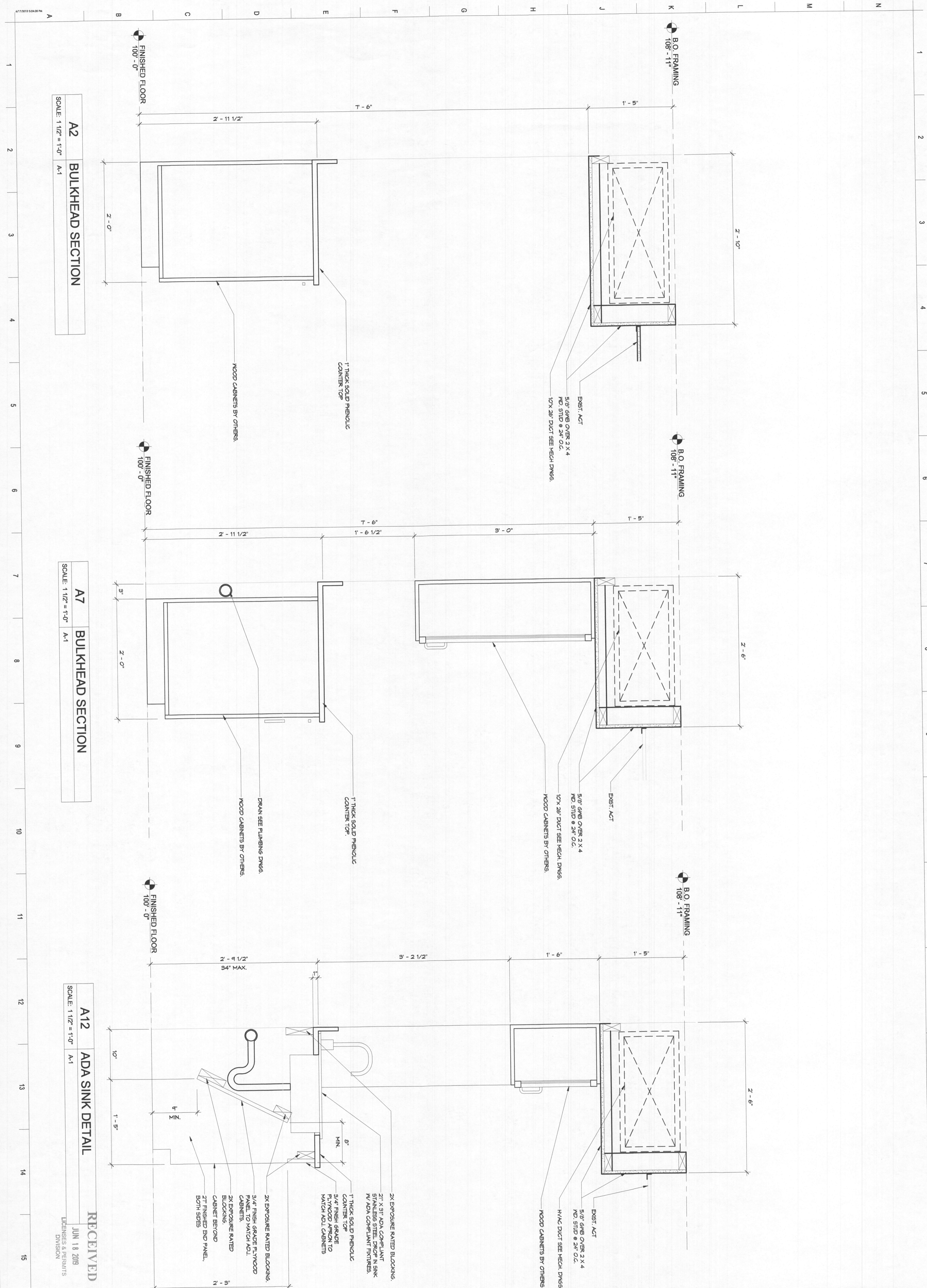
SHEET TITLE  
**INTERIOR ELEVATIONS**

PROJECT NUMBER  
**19-123**

FIRST RELEASE DATE  
06-14-19

SHEET NUMBER  
**A-2**

RECEIVED  
JUN 18 2019  
LICENSES & PERMITS  
DIVISION



**A2 BULKHEAD SECTION**  
SCALE: 1 1/2" = 1'-0" A-1

**A7 BULKHEAD SECTION**  
SCALE: 1 1/2" = 1'-0" A-1

**A12 ADA SINK DETAIL**  
SCALE: 1 1/2" = 1'-0" A-1

**RECEIVED**  
JUN 18 2019  
LICENSES & PERMITS  
DIVISION

REVISIONS		
Rev. No.	Date	Description
	06-17-19	ISSUE FOR PERMIT

**BRASHER DESIGN**  
ARCHITECTURE DESIGN PLANNING INTERIORS  
5560 STERRETT PLACE, SUITE 300 COLUMBIA, MARYLAND 21044  
410.995.0015 MD 301.621.6020 DC 410.995.0350 Fax  
email: brasher.intelligent.design@gmail.com

PROJECT NAME  
**M.A.C.A. LABORATORY CLASSROOM**  
Mt. AIRY, MD.  
MT. AIRY CHRISTIAN ACADEMY

ARCHITECT  
**BRASHER DESIGN**  
4022

SHEET TITLE  
**SECTIONS & DETAILS**

PROJECT NUMBER  
**19-123**

FIRST RELEASE DATE  
06-14-19

SHEET NUMBER  
**A-3**